



Department of Community Health  
Georgia Health Families  
**CLAIM/ENCOUNTER DETAIL FILE**

Federally Qualified Health Centers (FQHC)  
Rural Health Clinics (RHC) Services

<b>General Report Description</b>	
<b>Reimbursement for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Services</b>	
Purpose	<p>Detail Claims and Encounter Services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).</p> <p>The data will be utilized to identify any supplemental payments that may be required of the Georgia Department of Community Health (DCH) to the FQHC or RHC to ensure that the FQHC or RHC receives reimbursement for the services rendered to the CMO's members equal to the amount the provider is entitled to under the Benefits Improvement and Protection Act of 2000 (BIPA).</p>
Required Submission Type	ASCII Fixed Width Text File
Comments/ Recommendations	<p>This financial report must be submitted by the CMO to DCH no later than 10 calendar days after the end of each month.</p> <p>The CMO should submit the data files for each FQHC / RHC as follows:</p> <ul style="list-style-type: none"><li>• <b><u>For all Fee-For-Service FQHC / RHC providers</u></b>, information on all claims for services paid during the time period specified on the report. Paid claims are to include reversals, voids and or adjustments.</li></ul> <p><b><u>For all Capitated FQHC / RHC providers</u></b>, information on all claims for services paid and encounters set to "final adjudication" during the time period specified on the report.</p> <p>DCH reserves the right to audit the number and types of encounters</p>



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Data Elements	
<b>1.) Item No.</b>	
Qualifications/ Definitions	Consecutively number each member item for the report.
Format	Enter a consecutive number beginning with number 1 (6 Character Length)
<b>2.) CMO ID</b>	
Qualifications/ Definitions	Insert the CMO identification number
Format	12 Character Length
<b>3.) FQHC/RHC Provider Number</b>	
Qualifications/ Definitions	Insert the Medicaid Provider identification number for the FQHC or RHC provider identified in Item 1, "FQHC/RHC Provider Name".
Format	12 Character Length
<b>4.) FQHC/RHC Provider Name</b>	
Qualifications/ Definitions	Indicate the name of the FQHC or RHC on which the CMO is reporting. ( <b>See Attachment A for Lists of FQHC / RHC providers.</b> )
Format	35 Character Length
<b>5.) Begin Period</b>	
Qualifications/ Definitions	Indicate the beginning date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
<b>6.) End Period</b>	
Qualifications/ Definitions	Indicate the ending date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
<b>7.) Report Date</b>	
Qualifications/ Definitions	Indicate the date the report is being submitted
Format	Enter in MM/DD/YYYY format (10 Character Length)
<b>8.) Member First Name</b>	
Qualifications/ Definitions	Indicate the member's first name as listed on the referenced claim item.
Format	25 Character Length
<b>9.) Member Last Name</b>	
Qualifications/ Definitions	Indicate the member's last name as listed on the referenced claim item.
Format	35 Character Length



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<b>10.) Member ID Number</b>	
Qualifications/ Definitions	Insert the member's Medicaid identification number that is associated with the reported claim.
Format	12 Character Length
<b>11.) Member Type</b>	
Qualifications/ Definitions	Insert the member's Medicaid Program as Breast and Cervical Cancer (BCC), Low Income Medicaid (LIM) or PeachCare (PCK).
Format	Enter "BCC", "LIM" or "PCK" (3 Character Length)
<b>12.) Patient Account Number</b>	
Qualifications/ Definitions	Identify the billing provider patient account number being submitted for the report.
Format	Enter number exactly as listed on the CMO's claims system (38 Character Length)
<b>13.) Claim Number</b>	
Qualifications/ Definitions	Identify the claim number being submitted for the report.
Format	Enter number exactly as listed on the CMO's claims system (30 Character Length)
<b>14.) Claim Number Detail Line</b>	
Qualifications/ Definitions	Insert the numeric detail line number of the claim.
Format	12 Character Length
<b>15.) Date of Service</b>	
Qualifications/ Definitions	Indicate the date the identified member received the service that is being reported on the claim.
Format	Enter in MM/DD/YYYY format (10 Character Length)
<b>16.) Date Paid</b>	
Qualifications/ Definitions	Indicate the date the submitted claim was adjudicated as "paid" by the CMO to the FQHC or RHC.
Format	Enter in MM/DD/YYYY format (10 Character Length)
<b>17.) Billed Amount</b>	
Qualifications/ Definitions	Indicate the billed amount of the detail line number of the claim.
Format	Enter in 999,999,999.99- format (15 Character Length)



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<b>18.) Co-Payment</b>	
Qualifications/ Definitions	For the claim being reported, enter the portion of a medical expense that the member was responsible for. Certain services may be subject to a member co-payment under the Medicaid program.
Format	Enter in 999,999,999.99- format (15 Character Length)
<b>19.) Other Payments</b>	
Qualifications/ Definitions	Enter payments received from a third party for the claim being reported.
Format	Enter in 999,999,999.99- format (15 Character Length)
<b>20.) Paid Amount</b>	
Qualifications/ Definitions	Indicate the paid amount of the detail line number of the claim.
Format	Enter in 999,999,999.99- format (15 Character Length)
<b>21.) Place of Service Code</b>	
Qualifications/ Definitions	Insert the place of service numeric code:
Format	Enter appropriate 2 digit numeric code (2 Character Length)
<b>22.) Procedure Code</b>	
Qualifications/ Definitions	Insert the procedure code as listed for the detail line number on the claim.
Format	Enter procedure code (7 Character Length)
<b>23.) Modifier Code 1</b>	
Qualifications/ Definitions	Insert the first modifier code as listed with the procedure code for the detail line number on the claim.
Format	3 Character Length
<b>24.) Modifier Code 2</b>	
Qualifications/ Definitions	Insert the second modifier code as listed with the procedure code for the detail line number on the claim.
Format	3 Character Length
<b>25.) Modifier Code 3</b>	
Qualifications/ Definitions	Insert the third modifier code as listed with the procedure code for the detail line number on the claim.
Format	3 Character Length



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<b>26.) Provider First Name</b>	
Qualifications/ Definitions	Identify the first name of the rendering provider as listed on the claim.
Format	25 Character Length
<b>27.) Provider Last Name</b>	
Qualifications/ Definitions	Identify the last name of the rendering provider as listed on the claim.
Format	35 Character Length
<b>28.) Provider Number</b>	
Qualifications/ Definitions	Enter the Georgia Medicaid Provider Identification Number for the rendering provider.
Format	Enter Georgia Medicaid Provider ID (12 Character Length)
<b>29.) Family Planning Flag</b>	
Qualifications/ Definitions	Insert "Y" if the service is related to a family planning service or benefit Insert "N" if service is NOT related to a family planning service or benefit
Format	Enter Y or N (1 Character Length)



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**Categories of Eligibility to Determine Member Type**

Income Medicaid (LIM)		PeachCare (PCK)		Breast and Cervical Cancer (BCC)	
104	LIM - Adult	790	Peachcare <150% FPL	245	BCC Waiver
105	LIM - Child	791	Peachcare 150 - 200% FPL	800	Presumptive BCC
118	LIM-1st Yr Trns Med Ast Adult	792	Peachcare 201 - 235% FPL		
119	LIM-1st Yr Trans Med Ast Child	793	Peachcare >235% FPL		
120	LIM-2nd Yr Trans Med Ast Adult				
121	LIM-2nd Yr Trans Med Ast Child				
122	CS Adult 4 Month Extended				
123	CS Child 4 Month Extended				
124	Standard Filing Unit - Adult				
125	Standard Filing Unit - Child				
126	Stepchild				
135	Newborn Child				
170	RSM Pregnant Woman				
171	RSM Child				
194	RSM Expansion Pregnant Woman				
195	RSM Expansion Child < 1 Yr				
196	RSM Expn Chld w/ DOB <=10/1/83				
197	RSM Preg Women Income>185 FPL				
471	RSM Child				
506	Refugee (DMP) - Adult				
507	Refugee (DMP) - Child				
508	Post Ref Extended Med - Adult				
509	Post Ref Extended Med - Child				
510	Refugee MAO – Adult				
511	Refugee MAO - Child				
571	Refugee RSM Child				
595	Refugee RSM Exp. Chld <1				
596	Ref.RSM ExpChld DOB <=10/01/83				
804	Lim REI Adult				
805	Lim REI Child				
818	TMA REI Adult				
819	TMA REI Child				
835	Newborn				
836	Newborn (DFACS)				
871	RSM (DHACS)				
872	RSM 150% Expansion (DHACS)				
876	RSM Preg Woman (DHACS)				
894	RSM Exp Preg Woman (DHACS)				
895	RSM Exp. Chld. <1 (DHACS)				
896	RSM Exp. Chld. <=10/01/83(DHACS)				
897	RSM Preg Wom Inc>185%FPL(DHACS)				
898	RSM Child<1 Moth Aid= 897(DHACS)				
918	LIM Adult				
919	LIM Child				
920	Refugee Adult				
921	Refugee Child				



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